## Ay 15. 2005 2:18PM Prot. Equinox 514-733-442ECEIVED CENTRAL FAX CENTER

Nº0281

APR 1 5 2005

Attorney Docket Number 703-B01.US

10/817,858 Application Number 7/14/2003 Filing Date First Named Inventor Jean-Pierre PRATTE **Group Art Unit** Examiner Name

## POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

I hereby revoke all previous powers of attorney given in the above-identified application.				
I hereby appoint				
Practitioners at Customer Number			Place Customer Number Ba	<b>2</b> f
ÓR			Ovac Laber Here	
Practitioner(s) named below:				
	Name		Registration Number	
	Franz BONSANG		56638	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all				
business in the Patent and Trademark Office connected therewith.				
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR				
Firm or Individual Nar	ne Franz BONSANG	Franz BONSANG		
Address C/o PROTECTIONS EQUINOX INT'L				
Address	224-4480 Cote-de-Liesse			
City	11.0712.001	te Que	bec ZIP H4N 2R1	
Country Telephone	Canada 1-514-739-6770 Fax 1-5		722 4424	
Telephone 1-514-739-6770 Fax 1-514-733-4424  I am the:  ☐ Applicant  ☑ Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Name Alain CHAMPAGNE				
Signature Claim Changes !				
Title and Company President of 9087 7374 QUEBEC INC.				
Date April 15, 7005				
Note: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.				
C] "Total offorms are submitted.				

SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450 If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



